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Request	Application Number	09/911,855-Conf. #3890		
For	Filing Date	July 23, 2001		
Continued Examination (RCE) Transmittal	First Named Inventor	Shoji Nakamura		
Address to: MS RCE	Art Unit	1745		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Examiner Name	J. J. Rhee		
Alexandria, VA 22313-1430	Attorney Docket Number	04558/053001		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

amendments end	quired under 37 CFR 1.114 Note: If the RCE is proper, any losed with the RCE will be entered in the order in which they were twish to have any previously filed unentered amendment(s) entered.	re filed un	less applica	nt instructs otherwise. If
	isly submitted. If a final Office action is outstanding, any considered as a submission even if this box is not check		nents filed	after the final Office action
i. Co	nsider the arguments in the Appeal Brief or Reply Brief pre	viously f	iled on	
ii. 🗴 Ot	ner Response to Final Office Action dated Febru	uary 9,	2005, file	ed on April 7, 2005
b. Enclos	ed			
iAn	endment/Reply iii. Information D	Disclosur	e Stateme	nt (IDS)
ii. 🔲 Aff	davit(s)/Declaration(s) iv. Other			
2. Miscellaneous				
a. Susper	— sion of action on the above-identified application is reque	ested un	der 37 CFI	R 1.103(c) for a
period	of months. (Period of suspension shall not exce	eed 3 mo	nths; Fee un	der 37 CFR 1.17(i) required)
b. Other				
3. Fees The Ro	E fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 w	hen the F	RCE is filed.	
	ector is hereby authorized to charge the following fees, a			
i. X RO	E fee required under 37 CFR 1.17(e)			
$\overline{\Box}$	ension of time fee (37 CFR 1.136 and 1.17)			
iii. 🔲 Ot	ner	··		
b. Check	in the amount of \$ enclos	sed		
c. X Payme	nt by credit card (Form PTO-2038 enclosed)			
	SIGNATURE OF APPLICANT, ATTORNEY, OR	AGENT	REQUIRE	D
Signature	1000	Date	May 9, 2	2005
Name (Print/Type)	Jonathan P. Osha	Registra	tion No.	33,986

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV497520325	US
in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date show	'n
below.	

Dated: May 9, 2005

790.00 OP

PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of	porson are requi				olete if Know		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num		09/911,855-Conf. #3890		
FEE TRANSMITTAL			Filing Date July 23, 200				
			First Named Inventor Shoji Nakar			a	
For FY 2	UU5	<u> </u>	Examiner Name J. J. Rhee				
Applicant claims small entity sta	tus. See 37 CFR 1.27		Art Unit 1745				
TOTAL AMOUNT OF PAYMENT (\$) 790.00 Attorney Doc				No. 0	4558/053001		
METHOD OF PAYMENT (check	all that apply)						
Check x Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha Liang LLP							
For the above-identified dep	osit account, the Dire	ctor is l	hereby authorize	d to: (checl	k all that apply)		
Charge fee(s) indicate						cept for the filing fee	
Charge any additional fee(s) under 37 CFR		ent of	x Credit	any overpa	yments		
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES						
F	LING FEES	SEA	RCH FEES	EXAMIN	ATION FEES		
Application Type Fee (Small Entity Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility 300		500	250	200	100		
Design 200		100	50	130	65		
Plant 200		300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200		0	0	0	0		
2. EXCESS CLAIM FEES					•	Small Entity	
Fee Description						Fee (\$) Fee (\$)	
Each claim over 20 (including Reis	· ·					50 25	
Each independent claim over 3 (inc	luding Reissues)					200 100	
Multiple dependent claims						360 180	
Total Claims Extra Claims	Fee (\$)	Fee Pa	aid (\$)		Itiple Depende		
-=	× =			Fee	<u>) (\$)</u> <u>F</u>	ee Paid (\$)	
Indep. Claims Extra Claims	Fee (\$)	Fee Pa	ald (\$)		_		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Shee			ditional 50 or frac			Fee Paid (\$)	
- 100 = /50 (round up to a whole number) x =							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00							
SUBMITTED BY							
Signature /	_		Registration No.	33,986	Telephone	(713) 228-8600	
Name (Print/Type) Jonathan P.Osh	a a		(Attorney/Agent)		Date	May 9, 2005	

I hereby certify that this corres in an envelope addressed to:	pondence is be MS RCE, Com	eing deposited with missioner for Pate	n the U.S. Postal Servicents, P.O. Box 1450, Al	ce as Express exandria, VA	Mail, Airbill No. 22313-1450, on	EV497520325US, the date shown
below.		۸/ -	1			
Dated: May 9, 2005	Signature: _	Helin	Soulle	_ (Yuki Tsuku	da)	